



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Brian Cunningham

Email Address: bcunningham@vibrahealth.com

Medicare Provider Number: 15-2028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$72493597
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$72493597

2. Deductions From Revenue

Contractual Allowance	\$55886419
Other Deductions	\$0
Total Deductions	\$55886419

3. Total Operating Revenue

Net Patient Service Revenue	\$16607178
Other Operating Revenue	\$431287
Total Operating Revenue	\$17038465

4. Operating Expenses

Salaries and Wages	\$7390050	Employee Benefits	\$887621
Depreciation and Amortization	\$103703	Interest Expense	\$0
Bad Debt	\$746734	Other Expenses	\$6675456
Total Operating Expenses	\$15803564		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1234901	Total Assets	\$12859725
		Total Liabilities	\$2895054

Net Non-operating Gains over Loss	\$-2028111
Total Net Gains	\$-793210

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52679007	\$40609652	\$12069355
Medicaid	\$2716	\$1526	\$1190
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19811874	\$15275241	\$4536633
Total	\$72493597	\$55886419	\$16607178

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//